

It also, again, rolls back tax increases, slight tax increases, for high income earners, as Mr. Roy's comment indicates, and worsens the fiscal solvency of the Medicare trust fund, reduces its solvency by 4 years.

Again, the Catholic Health Association has come out today criticizing this proposal. Again, just an incredible array of stakeholder groups all across the country are already speaking out.

The fact that this measure is being forward in committee tomorrow morning, less than, really, 24 hours for the American people to have even a glimpse in terms of what is being proposed without an analysis in terms of a budget score, again, is just an abuse of the legislative and democratic process.

Mr. Speaker, again, we have seen an outpouring of Americans over the last 2 months at townhall meetings—I have had four of them—people telling heartfelt stories about how the ACA helped them. Yes, we can improve the law. There are many ideas that we can work together on. That is what we should be focused on, not butchering the law, which this proposal seeks to do.

THE AMERICAN HEALTH CARE ACT

The SPEAKER pro tempore. The Chair recognizes the gentlewoman from North Carolina (Ms. FOXX) for 5 minutes.

Ms. FOXX. Mr. Speaker, for years Americans across the country have struggled under a government takeover of health care. Because of ObamaCare, insurance markets are collapsing, healthcare costs are soaring, and patients' choices are dwindling. Simply put, the flawed healthcare law is failing. It is hurting hardworking men and women across the country, and the American people deserve better.

That is why Republicans promised to deliver the healthcare solutions Americans desperately need. This week, we are making good on that promise and moving forward with an effort that will provide a better way on health care.

After a thoughtful and collaborative process, members of the Energy and Commerce Committee and the Ways and Means Committee recently unveiled a legislative plan that will repeal and replace ObamaCare. The plan, the American Health Care Act, includes a number of positive, common-sense reforms that will help create more choices, lower costs, and give control back to individuals and families.

These reforms will create a new and innovative fund giving States the flexibility they need to design programs that fit the needs of their communities. They will responsibly unwind ObamaCare's Medicaid expansion in a way that protects patients and strengthens the program for future generations.

The plan will also dismantle ObamaCare taxes and mandates—including the individual and employer

mandate penalties and taxes on prescription drugs, over-the-counter medications, health insurance premiums, and medical devices. It will expand health savings accounts to empower individuals and families to spend their healthcare dollars the way they want and need. It will provide tax credits to those who don't receive insurance through work or a government program, helping all Americans access high quality, affordable health care.

At the same time, we on the Education and the Workforce Committee are working to advance additional reforms that will help expand coverage, make health care more affordable, and promote a healthy workforce.

One legislative proposal will empower small businesses to band together to negotiate lower healthcare costs on behalf of their employees. Another will protect the ability of employers to self-insure, providing greater access to affordable, flexible healthcare plans for their workers. The third will give employers the legal certainty they need to offer employee wellness plans, helping to promote a healthy workforce and, again, lower healthcare costs.

These three legislative proposals reflect a few shared principles. Families should have the freedom to choose the healthcare plan that meets their needs. Americans need more affordable healthcare options, not fewer. Healthcare decisions should rest with patients and their doctors—not government bureaucrats. Instead of prescriptive mandates, we should ensure employers have the tools they need to help their employees afford health care.

These proposals—along with those in the American Health Care Act—are exactly the kind of free-market, patient-centered reforms Republicans promised, and they reflect the priorities of President Trump and his administration. They are the products of a careful process that took into account the ideas and concerns of men and women from all walks of life, and they will now be considered through an open, transparent process that provides policymakers on both sides of the aisle an opportunity to share their views and offer their ideas.

I encourage everyone—my colleagues in Congress, as well as all Americans—to join in this process. Visit readthebill.gop. See for yourself the plan we have laid out, and help us move forward with these positive solutions. Together we can help ensure all Americans have access to the high quality, affordable healthcare coverage they deserve.

THE AMERICAN HEALTH CARE ACT

The SPEAKER pro tempore. The Chair recognizes the gentleman from Oregon (Mr. DEFAZIO) for 5 minutes.

Mr. DEFAZIO. Mr. Speaker, we just heard a lot about competition and bet-

ter and improved markets. The basic problem the Republicans have—and they know this very well—is that the health insurance industry is exempt from the antitrust laws of the United States of America, so they can, and they do, get together and collude. They collude to drive up prices. They collude to share markets: hey, if you are pulling out of that State, I will pull out of this State and cut those kind of deals. They can't be prosecuted.

We had a bipartisan vote on the floor of this House when we were originally considering the House version of the Affordable Care Act—indefinitely superior to the thing passed by the Senate which we got stuck with—and it was over 400 votes to take away their antitrust immunity. Is that in this bill? Heck, no. They are the second largest PAC contributor to the Republican Party, so I am afraid we are not going to take away their antitrust immunity—but we are going to have a really free, competitive, and transparent market. You will be able to go out and get your policies, whatever the insurance companies have decided as they colluded behind closed doors.

Now, the other issue here is, for some reason, Republicans seem to have taken and painted a big target on the back of low- and middle-income seniors in two ways. They are going to repeal some very small taxes on people who earn over one-quarter of a million dollars a year. You know, they really need another 4 percent because they are just hurting. Those people who earn \$1 million, \$2 million a year, they are hurting. We have got to repeal that tax. So that is one of the highest priorities in this bill: repeal that tax.

Unfortunately, that means that the Medicare trust fund will be exhausted 4 years earlier. That is right. The money those very high-income people are paying goes to Medicare, to the trust fund, which is in trouble right now. It is going to be exhausted in 2028. Under their plan, it is going to be exhausted in 2024. So they have painted a big target on seniors. But don't worry, the seniors can go into the competitive—well, not so competitive—insurance market and buy a plan.

But then another little twist and another arrow in the heart of seniors—seniors now, under their plan, instead of a cap of three times the cost of a policy to other, younger subscribers, it is now they are going to jack it up to five times.

Why do you hate seniors so much? What is the deal here? Yeah, the high-income seniors will do fine. But what about the middle- and low-income seniors, those who are struggling to make ends meet on Social Security and others?

Then for some other bizarre reason, they have got it in for Planned Parenthood. They say it is about abortion. Well, guess what? It is not. Federal law has prohibited Federal money from going to abortions for 40 years. It is not about abortion. It is about something

different. It is about breast exams, Pap smears, physical exams, STD testing and treatment, information and counseling about sexual reproductive health, cancer screenings, pregnancy tests, prenatal services, and access to affordable birth control.

Why do they want to kill that for 1 million people, many of whom live in rural areas that are already underserved? They don't have an alternative for those services. But they want to kill that—oh, just for 1 year maybe. Well, actually, they would like to do it permanently, but they are going to say: well, we are just going to do it 1 year and see how it works out, how those million women do.

Then, as my colleagues from Connecticut said, everything around here has to be scored, and it can't add to the deficit—unless it is something they want to do. Now, in this case, this has not been scored. We have no idea what it is going to cost the American taxpayer, this new Rube Goldberg, and they don't have any analysis of how many people are going to lose coverage.

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Now, granted, they put off the huge loss of coverage until 2020. They delayed the big changes in Medicaid until 2020. That is when tens of millions of people will lose their health insurance. But there are still going to be a lot of people losing their health insurance a lot sooner, and it would be useful for people to know about that before they vote on it: how much is it going to cost the taxpayer and how many people are going to lose coverage.

Under the ruse of fixing something that is broken that has given 23 million people an opportunity to have health insurance and brought us the lowest rate of uninsured in recent history in this country, they are cutting taxes for wealthy people. By the way, there is a little gift in there for health insurance companies. They can fully deduct their CEO's \$20 million salary. Today, it is limited to \$500,000. So another tax break for the health insurance industry.

Did they take on Big Pharma? Did they do anything about the unbelievable price gouging that is going on today through the pharmaceutical companies, where someone buys up a generic drug that has been around for 50 years and jacks up the price 1,000 percent?

No, they are not going to do anything about that. We are not going to have more affordable prescription drugs. I don't know if they undid the fix to the doughnut hole that was in the ObamaCare bill.

If they really wanted to do something, they would say: Let's have a national not-for-profit plan offered in a national exchange so that every American can afford health care at a reasonable cost without excess profits to an industry which is exempt from antitrust law, colludes, and pays their

execs \$20 million and \$50 million a year.

HONORING REILLY RENKEN

The SPEAKER pro tempore. The Chair recognizes the gentleman from Illinois (Mr. RODNEY DAVIS) for 5 minutes.

Mr. RODNEY DAVIS of Illinois. Mr. Speaker, I rise today to honor Reilly Renken, a remarkable young lady making a big difference in central Illinois.

Just after she was born, Reilly was diagnosed with a rare genetic abnormality, along with a form of epilepsy that severely impacts her neurological development. Her parents were told by numerous specialists that she would need support for the rest of her life and that she would likely never read or write. But Reilly proved them wrong. While her genetic makeup is one of a kind, she also has a one-of-a-kind personality.

Despite the obstacles she has overcome, Reilly was determined to be a cheerleader. Now she is an integral part of the cheerleading squad at Glenwood Middle School in Chatham, Illinois.

Cheering on the Titans has become one of Reilly's greatest joys, and her presence on the squad has been a joy for her teammates as well. They will tell you that they wouldn't be the squad they are without Reilly and her positive attitude. She brings life to their practices and they always count on her to make them smile.

Reilly is a true inspiration. She shows all of us what is possible when we put our minds to something. Thanks to her, students at Glenwood Middle School have learned the importance of celebrating our differences.

Way to go, Reilly.

AFFORDABLE CARE ACT WORKS IN MAINE

The SPEAKER pro tempore. The Chair recognizes the gentlewoman from Maine (Ms. PINGREE) for 5 minutes.

Ms. PINGREE. Mr. Speaker, the Affordable Care Act has saved thousands of Mainers from losing their lives or going bankrupt simply because they got sick. Quality of care has improved through preventative care, without cost sharing for consumers. Overall costs have been lowered.

Republicans have had 7 years to come up with an alternative healthcare plan that preserves the progress we have made under the Affordable Care Act—one that would not take us back to a time when many without employer-sponsored insurance or a clean bill of health could get coverage.

But after all this time, they have come up with a plan that will cost older Americans up to five times more than younger enrollees; will charge the uninsured 30 percent more to buy coverage; and it will defund, not defend, Planned Parenthood; cut Medicaid significantly; and still has no price tag.

We owe it to Americans to have an open debate on this proposal, and I expect my Republican colleagues not to forget the millions of Americans for whom the Affordable Care Act has been a lifesaver.

In January, I asked my constituents to share their Affordable Care Act stories. Within a few days, more than a thousand stories were submitted. Some shared their ongoing challenges. I agree there are opportunities to strengthen the Affordable Care Act and make it affordable, but the overwhelming number of people shared compelling stories of how the Affordable Care Act has improved their lives.

I am honored to share a few of those powerful stories today, and I hope my Republican colleagues are listening.

Eleanor from Belfast, Maine, said:

"I am a 63-year-old small-business owner who has health insurance for the first time in my adult life since passage of the Affordable Care Act. The same is true for my partner of 17 years. She was diagnosed with breast cancer this year and has recently undergone a mastectomy with follow-up care. After her diagnosis, I went for my first-ever mammogram."

The Republican plan puts these preventive services at risk.

Matthew from Brunswick, Maine, said:

"Five years ago, I left a comfortable job with good benefits to start my own business. Those first years were tough on my family. My wife and I were able to put our children on Maine's Dirigo Health, but we had to do without. . . . Today, through God's grace, hard work, and the support of my wife; my business is prospering. Food assistance is a thing of the past and we're actually contributing more in taxes now than we ever did before. We still have to watch what we spend but we're breathing a lot easier. Each year that I've made more money our subsidy has gone down, and that's just as it should be. That subsidy still matters though. If the ACA were eliminated today and I had to buy health insurance on the open market I'd be paying an extra \$4,800 a year. That's real money."

Under the Republican plan, small-business owners like Matthew may not be able to afford care for their family.

Ret, a 9/11 first responder from Rockland, Maine, said:

" . . . The ACA means that as a self-employed resident of the state of Maine, I can actually acquire coverage with a pre-existing condition. After working search and rescue/recovery at Ground Zero in 2001, I developed a lung condition necessitating costly medication. Before the ACA, I was terrified of losing my job and losing health care because of my pre-existing condition."

Under the Republican plan, those with preexisting conditions, like our 9/11 first responders, may not get affordable coverage.

Elisabeth from Phippsburg, Maine, said:

"In 2014 . . . my husband died from early-onset Alzheimer's. I was 50 when